



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Lyons		Tim	L.	537-4308
MAILING ADDRESS (Street)				FAX
677 Ala Moana Blvd., Ste. 815				533-2739
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
TLC-The Legislative Center				Same as above
MAILING ADDRESS (Street)				FAX
Same as above				Same as above
(City)		(State)	(Zip Code)	
Same as above				

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Flooring Association			537-1224
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd., Ste. 815			533-2739
(City)		(State)	(Zip Code)
Honolulu		Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Tim Lyons			537-1224
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd., Ste. 815			533-2739
(City)		(State)	(Zip Code)
Honolulu		Hawaii	96813

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology Economic Developm
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreatio
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate belo
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

☒ 2/24/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENT
------	--

Roy Tokuhamu

President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Flooring Association

537-1224

MAILING ADDRESS (Street)

FAX

677 Ala Moana Blvd., Ste. 815

533-2739

(City)

(State)


(Zip Code)

Honolulu,

Hawaii

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

2/19/05
(Date)